SD

APPENDIX A

STANDARD OPERATING PROCEDURES FOR
EMERGENCIES DUE TO HEAT AND HEAT STRESS MONITORING



ECOLOGY AND ENVIRONMENT, INC., STANDARD OPERATING PROCEDURES FOR EMERGENCIES DUE TO HEAT AND HEAT STRESS MONITORING

Field operations during the summer months can create a variety of hazards to the employee. Heat cramps, heat exhaustion, and heat stroke can be experienced and, if not remedied, can threaten life or health. Therefore, it is important that all employees be able to recognize symptoms of these conditions and be capable of arresting the problem as quickly as possible.

THE EFFECTS OF HEAT

As the result of normal oxidation processes within the body, a predictable amount of heat is generated. If the heat is liberated as it is formed, there is no change in body temperature. If the heat is liberated more rapidly, the body cools to a point at which the production of heat is accelerated and the excess is available to bring the body temperature back to normal.

Interference with the elimination of heat leads to its accumulation and thus to the elevation of body temperature. As a result, the person is said to have a fever. When such a condition exists, it produces a vicious cycle in which certain body processes speed up and generate additional heat. Then the body must eliminate not only the normal but also the additional quantities of heat.

Heat produced within the body is brought to the surface largely by the bloodstream and escapes to the cooler surroundings by conduction and radiation. If air movement or a breeze strikes the body, additional heat is lost by convection. However, when the temperature of the surfounding air becomes equal to or rises above that of the body, all of the heat must be lost by vaporization of the moisture or sweat from the skin surface. As the air becomes more humid (contains more moisture), vaporization from the skin slows down. Thus, on a day when the temperature is 95 to 100°F, with high humidity and little or no breeze, conditions are ideal for the retention of heat within the body. It is on such a day or, more commonly, a succession of such days (a heat wave) that medical emergencies due to heat are likely to occur. Such emergencies are classified in three categories: heat cramps, heat exhaustion, and heat stroke.

HEAT CRAMPS

Heat cramps usually affect people who work in hot environments and perspire a great deal. Loss of salt from the body causes very painful cramps of the leg and abdominal muscles. Heat cramps also may result from drinking iced water or other drinks either too quickly or in too large a quantity.

Heat Cramo Symptoms. The symptoms of heat cramp are:

- Muscle cramps in legs and abdomen,
- e Pain accompanying the cramps,
- Faintness, and
- Profuse perspiration.

Heat Cramo Emergency Care. Remove the patient to a cool place. Give him sips of liquids such as "Gatorade" or its equivalent. Apply manual pressure to the cramped muscle. Remove the patient to a hospital if there is any indication of a more serious problem.

HEAT EXHAUSTION

Heat exhaustion occurs in individuals working in hot environments, and may be associated with heat cramps. Heat exhaustion is caused by the pooling of blood in the vessels of the skin. The heat is transported from the interior of the body to the surface by the blood. The blood vessels in the skin become dilated and a large amount of blood is pooled in the skin. This condition, plus the blood pooled in the lower extremities when an individual is in an upright position, may lead to an inadequate return of blood to the heart and eventually to physical collapse.

Heat Exhaustion Symptoms. The symptoms of heat exhaustion are:

- Weak pulse;
- Rapid and usually shallow breathing;
- Generalized weakness;
- e Pale, clammy skin;
- Profuse perspiration;
- . Dizziness;
 - Unconsciousness; and
 - Appearance of having fainted (the patient responds to the same treatment administered in cases of fainting).

Heat Exhaustion Emergency Care. Remove the patient to a cool place and remove as much clothing as possible. Administer cool water, "Catorade," or its equivalent. If possible, fan the patient continually to remove heat by convection, but do not allow chilling or over-cooling. Treat the patient for shock, and remove him to a medical facility if there is any indication of a more serious problem.

HEAT STROKE

Heat stroke is a profound disturbance of the heat-regulating mechanism, associated with high fever and collapse. Sometimes this condition results in convuisions, unconsciousness, and even death. Direct

exposure to sun, poor air circulation, poor physical condition, and advanced age (over 40) bear directly on the tendency to heat stroke. It is a serious threat to life and carries a 20% mortality rate. Alcoholics are extremely susceptible.

Heat Stroke Symptoms. The symptoms of heat stroke are:

- Sudden onset;
- e Dry, hot, and flushed skin;
- Dilated pupils; ·
- Early loss of consciousness;
- Full and fast pulse;
- Breathing deep at first, later shallow and even almost absent:
- · Muscle twitching, growing into convulsions; and
- e Body temperature reaching 105 to 106°F or higher.

Heat Stroke Emergency Care. Remember that this is a true emergency. Transportation to a medical facility should not be delayed. Remove the patient to a cool environment if possible, and remove as much clothing as possible. Assure an open airway. Reduce body temperature promptly—preferably by wrapping in a wet sheet or else by dousing the body with water. If cold packs are available, place them under the arms, around the neck, at the ankles, or at any place where blood vessels that lie close to the skin can be cooled. Protect the patient from injury during convulsions, especially from tongue biting.

AVOIDANCE OF HEAT-RELATED EMERGENCIES

Please note that, in the case of heat cramps or heat exhaustion, "Gatorade" or its equivalent is suggested as part of the treatment regime. The reason for this type of liquid refreshment is that such beverages will return much-needed electrolytes to the system. Without these electrolytes, body systems cannot function properly, thereby increasing the represented health hazard. Therefore, when personnel are working in situations where the ambient temperatures and humidity are high—and especially in situations where protection Levels A, B, and C are required—the site safety officer must:

- Assure that all employees drink plenty of fluids ("Gator-ade" or its equivalent);
- Assure that fréquent breaks are scheduled so overheating does not occur; and
- Revise work schedules, when necessary, to take advantage of the cooler parts of the day (i.e., 5:00 a.m. to 1:00 p.m., and 5:00 p.m. to nightfail).

If protective clothing must be worn, especially Levels A and B, the suggested guidelines for ambient temperature and maximum wearing time per excursion are:

Ambient Temperature (°F)	Maximum Wearing Time per Excursion (Minutes)
Above 90	15
85 to 90	30
80 to 85	60
70 to 80	90
60 to 70	120
50 to 60	. 180

One method of measuring the effectiveness of employees rest-recovery regime is by monitoring the heart rate. The "Brouha guideline" is one such method:

- During a three-minute period, count the pulse rate for the last 30 seconds of the first minute, the last 30 seconds of the second minute, and the last 30 seconds of the third minute.
- Double the count.

If the recovery pulse rate during the last 30 seconds of the first minute is at 110 beats/minute or less and the deceleration between the first, second, and third minutes is at least 10 beats/minute, the work-recovery regime is acceptable. If the employee's rate is above that specified, a longer rest period is required, accompanied by an increased intake of fluids.